San Juan County - Cares Grant

Q#			Required?
1	Email Address	valid email address	Υ
2	Business Legal Name	Short answer text	Υ
3	Business Physical Address	Long Answer text	Υ
4	Business Mailing Address	Street address, city, county, state, and ZIP	Υ
5	Entity EIN/SSN	Short answer text	Υ
6	Business Industry	Checkboxes: Agriculture, Construction, Education, Finance, Housing, Manufacturing, Marketing, Technology, Leisure & Hospitality	Y
7	First and Last Name	Short answer text	Y
8	Title	Short answer text	Y
9	Work Phone	Short answer text	Ϋ́
10	Mobile Phone	Short answer text	Y
10	I own a registered business in San Juan County or	Onort answer text	•
11	City in San Juan and have a business license as of August 1st, 2020 with the following	Checkboxes: Monticello, Blanding, Bluff, San Juan County	Y
12	Upload a copy of your business License here	Add file	Υ
13	What is the current operation status of your business?	Multiple Choice: Open - normal operating hours, Open - reduced hours, Closed - temporary, Closed - Permanent (not eligible for grant)	Y
	As of March 1st, 2020 - How many employees worked for the business (Including the owner)?	Drop down menu: 1-10+	Y
15	As of September 1, 2020 - How many employees worked for the business (Including the owner)?	Drop down menu: 1-10+	Y
16	My business is a franchise	Y or N	Υ
17	Date business established	Date	Υ
18	Please provide a brief explanation of your business's intended use if given CARES funding.	2-3 sentences	Υ
	What changes or challenges do you anticipate for	Checkboxes: Increased pricing, supplier changes, changes in operating practices, concern for business sustainability, significant loss of revenue, consumer/client reduction, employee reduction, PPE	
19	the next 6 months? Please check all that apply. My business has received an Emergency Revolving	equipment, other	Y
20	Loan Fund (RLF)	Y or N	Υ
21	My business has received EIDL assistance	Y or N	Υ
22	My business has received PPP assistance	Y or N	Υ
23	My business has received SBA assistance	Y or N	Υ
24	My business has received San Juan County CARES funding	Y or N	Υ
25	If your business has received CARES funding in the previous round, how much was the business given.	Number	Υ
26	Has your business received any other CARES or COVID-19 relief not listed above?	Y or N	Υ
27	Profit Loss Form (January 1, 2020 - September 1, 2020)	Add File	Υ

28	State the business's loss from January 1, 2020 - September 1, 2020 (Please put a negative sign to represent a loss)	Short answer text	Y
29	W-9 Upload	Add file	Υ
30	Primary Owner Racial Categories (Select All That Apply)	Checkbox: American Indian, Alaskan Native, Asian, Black or African American, Native Hawaiian or other pacific islander, White, other	Y
31	How did you hear about San Juan County CARES Program?	San Juan County Email, Utility Bill Newsletter, Social Media, Newspaper or other media, word of mouth, other	Y
32	Good Faith Certification:	signature	Υ
33	I understand that claiming business confidentiality as outlined here is strongly encouraged and that my decision regarding business confidentiality will not impact my eligibility for funding under the program.	Multiple Choice: a) I claim business confidentiality (recommended) b) I waive my right to business confidentiality	Y